

PRINTED: 03/14/2013
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/12/2013
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	1. HVAC company was called to come and check/repair air handlers. 2. All rooms requiring positive or negative pressure were checked to ensure compliance. 3. A log will be created and maintained and all rooms that require positive or negative pressure will be checked on a regular basis by Maintenance Director or designee. Maintenance, Dietary, Laundry and Housekeeping will be inservice on the importance of keeping air vents in proper working position. 4. Random audits will be done by the Maintenance Dept. to ensure compliance. Logs in inservice records will be submitted to the Safety Committee and presented to the QA&A Committee at the regular Monthly meeting. Logs will be reviewed by QA&A X three months.	(X5) COMPLETE DATE 3/18/13
(N 848)	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on observation and interview, it was determined the clean linen storage areas were maintained under a relative positive air pressure. The findings include: Observation of the laundry on February 13, 2013 and March 12, 2013 at 2:20 p.m. confirmed the clean linen storage room was at a strong negative pressure relative to the corridor. This finding was verified and acknowledged by the Laundry Supervisor during the exit conference on March 12, 2013.	(N 848)		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X8) DATE

6LL023

If continuation sheet 1 of 1